

ANONYMOUS

Witness Name **GRO-B**

Statement No.: WITN2151002

Exhibits: WITN2151003-020

Dated: 21st July 2021

INFECTED BLOOD INQUIRY

EXHIBIT WITN2151016

ANONYMOUS

GRO-B

GRO-B

RECEIVED
17 FEB 2000

GRO-B

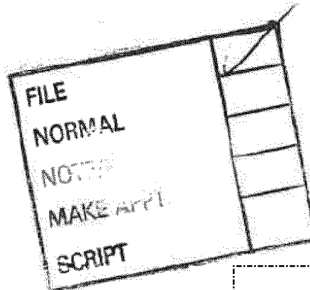
24 January 2000

Dr. GRO-B

GRO-B

Dear Dr. GRO-B

Re: GRO-B
D.O.B. GRO-B 81.

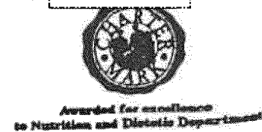


GRO-C

I am writing to update you regarding my contact with the above named young man. I saw Mr. GRO-B on a number of occasions initially to explore whether psychological intervention may help him manage some of his emotions. Mr. GRO-B parents reported that their son had difficulties mixing with his peers particularly at his transition from special education to college. Mr. GRO-B himself is less clear that he has a problem and indeed unsure regarding my role in working with him. I have liaised with GRO-B in order to assist indirectly as I do not consider one to one work with Mr. GRO-B will be useful given that he does not see its purpose. It was also considered that a further cognitive assessment may be of use in order to guide support for him at college. GRO-B clinical psychologist in the learning disabilities service conducted a general assessment of functioning in March 1999 finding Mr. GRO-B to be within the borderline range of intellectual functioning. Mr. GRO-B himself is clearly most eager to be outwith any range of disability.

Cognitive Assessment

Mr. GRO-B appeared to have some difficulty with attention and concentration. During general sessions he appeared to impulsively jump in his conversation from one topic to another and this was born out on his performance and testing. Assessment of executive functioning aimed to look at overall planning ability, problem solving and self monitoring. Results on these tests indicated significant difficulties. Mr. GRO-B



impulsive approach tended to depress scores on testing requiring planning. He was well motivated and persisted throughout testing but did not stand back to appraise his own performance but looked to me for reassurance and guidance. There were no signs of any gross visuo-spatial difficulties and he was able to copy a complex geometric figure with immediate recall of the figure within the normal limits. Verbal memory on a list learning test was estimated to be in the low average range but there was evidence of only a very slight learning curve over time.

In summary the overall picture appeared to be of some generalised impairment. Specific problems with planning, an impulsive approach and slow completion of tasks depressed his scores. There were no frank signs of perseveration whereby the subject has difficulty in shifting set during tasks in the face of corrective feedback.

It maybe that **GRO-B** impulsivity will reduce as he matures but he may require guidance to begin to routinely employ step by step problem solving strategies to tasks.

I hypothesised that **GRO-B** current frustrations in dealing with his peer group are the result of difficulty fitting into, as he puts it "main stream". Mr **GRO-B** denies that he is "disabled" and insists that he is "main stream". This clearly manifests a negative attitude towards disability which is of course common particularly at adolescence when self identity is forming and a need to fit in is so often marked. I hope that Mr **GRO-B** can find positive disability role models and with maturity develop a more accepting stance to both himself and others. At present as I outlined I did not find him able to work on this in individual sessions and have made no further appointments with him directly at present but I am keeping his case open with a view to working indirectly and liaising with college and further organisations involved with Mr **GRO-B** I hope this is understandable.

Yours sincerely

GRO-B

Physical Rehabilitation Specialty

cc

GRO-B